State File No. 140 No. (If death occurred in a hospital or institution, give its NAME instead of street and number). FULL NAME PULL NAME Registered No. (If non-resident, give city or town and State) The Residence in city or town where death occurred 3.2 yrs. mos. 2 ds. How long in U. S. if of foreign birth? (If non-resident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR or RAGE 5. SINCLE MARKIED, WIDOW. (Wysite the word) If married, widowed, or divorced HUSBAND of (If non-resident, give city or town and State) If married, widowed, or divorced HUSBAND of OF BIRTH (mostit), day and year) If married, widowed, or divorced HUSBAND of OF STATIST (ALL PARTICULARS) ON Trade, profession, or min. OCCUPATION OF DECEASED N) Trade profession, or min. OCCUPATION OF DECEASED N) Trade, profession, or min. OCCUPATION OF DECEASED N) Trade, profession, or min. OCCUPATION OF DECEASED N) Trade profession, or min. OCCUPATION OF DECEASED N) Trade profession, or min. OCCUPATION OF DECEASED N) Trade profession, or min. OCCUPATION OF DECEASED N) Trade, profession, or min. OCCUPATION OF DECEASED N) Trade, profession, or min. OCCUPATION OF DECEASED N) Trade profession, or min. OCCUPATION OF DECEAS	UREAU OF VITAL STATISTICS ADIZONA STATE D	OARD OF HEALTH STANDARD CERTIFICATE OF DEATH	
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